

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9	1						59	
10	1						60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17	1						67	
18							68	
19	1						69	
20	1						70	
21							71	
22	1						72	
23							73	
24	1						74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	8						TOTAL IND.	
TOTAL DEP.	20						TOTAL DEP.	
TOTAL CLAIMS	28						TOTAL CLAIMS	